ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M-tr	5Ø	10-21-00
FORMALITY REVIEW	request	925	10-21-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
1	1				51				101	
	2				52				102	
2	3				53				103	
	4				54				104	
	5				55				105	
	6				56				106	
	7				57				107	
3	8				58				108	
4	9				59				109	
5	10				60				110	
6	11				61				111	
					62				112	
					63				113	
					64				114	
					65				115	
					66				116	
17					67				117	
18					68				118	
19					69				119	
20					70				120	
21					71				121	
22					72				122	
23					73				123	
24					74				124	
25					75				125	
26					76				126	
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28					78				128	
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32					82				132	
33					83				133	
34					84				134	
35					85				135	
36					86				136	
37					87				137	
38					88				138	
39					89				139	
40					90				140	
41					91				141	
42					92				142	
43					93				143	
44					94				144	
45					95				145	
46					96				146	
47					97				147	
48					98				148	
49					99				149	
50					100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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